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\*\* CONTINUING DATA \*\*\*\*\* *MAT*

This application is a CIP of 10/086,619 03/01/2002 PAT 6,824,711 *O.K.*  
 which claims benefit of 60/315,746 08/29/2001  
 and claims benefit of 60/314,181 08/16/2001  
 and claims benefit of 60/273,303 03/02/2001

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *MAT**NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>M.A. Dexton</i> Examiner's Signature Initials				

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## TITLE

PHOSPHITE ESTER ADDITIVE COMPOSITIONS

FILING FEE  RECEIVED 1070	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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